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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| | |
|------------------------|--|
| Attorney Docket No. | S100-DIV1 |
| First Inventor | Greenberg |
| Title | Retinal Color Prosthesis For Color Sight Restoration |
| Express Mail Label No. | EL 516 675 928 US |

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

| | |
|--|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 78] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 32]</p> <p>5. Oath or Declaration [Total Pages 3] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies </p> |
|--|---|

ACCOMPANYING APPLICATION PARTS

- | | |
|---|---|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney |
| 11. <input type="checkbox"/> English Translation Document (if applicable) | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) | 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| 17. <input type="checkbox"/> Other: | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: 09/515,373

Prior application information: Examiner F. Oropeza

Group / Art Unit 3762

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Labelor Correspondence address below

(Insert Customer No. or Attach bar code label here)

| | | | | | |
|---------|--|-----------|--------------------------|----------|----------------|
| Name | Second Sight, LLC 28284 PATENT TRADEMARK OFFICE | | | | |
| Address | P.O. Box 905 | | | | |
| City | Santa Clarita | State | CA | Zip Code | 91380-9005 |
| Country | U.S.A. | Telephone | (661) 775-3995 ext. 3129 | Fax | (661) 775-1595 |

Name (Print/Type) Scott B. Dunbar

Registration No. (Attorney/Agent) 37,124

Signature

Date

10/12/01

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT \$643.00

Complete if Known

| | |
|----------------------|-----------|
| Application Number | -- |
| Filing Date | -- |
| First Named Inventor | Greenberg |
| Examiner Name | -- |
| Group Art Unit | -- |
| Attorney Docket No. | S100-DIV1 |

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-0922**Deposit Account Name **Second Sight, LLC** Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17 Applicant claims small entity status. See 37 CFR § 1.27

2. Payment Enclosed:

 Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description | Fee Paid |
|---------------|---------------|-------------------------------|-----------------|
| 101 | 740 | 201 370 Utility filing fee | 370.00 |
| 106 | 330 | 206 165 Design filing fee | |
| 107 | 510 | 207 255 Plant filing fee | |
| 108 | 740 | 208 370 Reissue filing fee | |
| 114 | 160 | 214 80 Provisional filing fee | |
| SUBTOTAL (1) | | | \$370.00 |

2. EXTRA CLAIM FEES

| Extra Claims | Fee from below | Fee Paid |
|-----------------------------|---|----------|
| Total Claims 41 | -20** = 21 X 9.00 = 189.00 | |
| Independent Claims 5 | -3** = 2 X 42.00 = 84.00 | |
| Multiple Dependent | | |

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description |
|---------------|---------------|--|
| 103 | 18 | 203 9 Claims in excess of 20 |
| 102 | 84 | 202 42 Independent claims in excess of 3 |
| 104 | 280 | 204 140 Multiple dependent claim, if not paid |
| 109 | 84 | 209 42 ** Reissue independent claims over original patent |
| 110 | 18 | 210 9 ** Reissue claims in excess of 20 and over original patent |
| SUBTOTAL (2) | | \$273.00 |

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

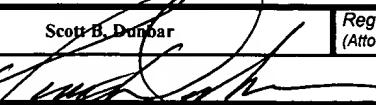
| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|---|----------|
| 105 | 130 | 205 65 Surcharge - late filing fee or oath | |
| 127 | 50 | 227 25 Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 130 Non - English specification | |
| 147 | 2,520 | 147 2,520 For filing a request for ex parte reexamination | |
| 112 | 920* | 112 920* Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 1,840* Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 55 Extension for reply within first month | |
| 116 | 400 | 216 200 Extension for reply within second month | |
| 117 | 920 | 217 460 Extension for reply within third month | |
| 118 | 1,440 | 218 720 Extension for reply within fourth month | |
| 128 | 1,960 | 228 980 Extension for reply within fifth month | |
| 119 | 320 | 219 160 Notice of Appeal | |
| 120 | 320 | 220 160 Filing a brief in support of an appeal | |
| 121 | 280 | 221 140 Request for oral hearing | |
| 138 | 1,510 | 138 1,510 Petition to institute a public use proceeding | |
| 140 | 110 | 240 55 Petition to revive - unavoidable | |
| 141 | 1,280 | 241 640 Petition to revive - unintentional | |
| 142 | 1,280 | 242 640 Utility issue fee (or reissue) | |
| 143 | 460 | 243 230 Design issue fee | |
| 144 | 620 | 244 310 Plant issue fee | |
| 122 | 130 | 122 130 Petitions to the Commissioner | |
| 123 | 50 | 123 50 Processing fee under 37 CFR § 1.17(q) | |
| 126 | 180 | 126 180 Submission of Information Disclosure Statement | |
| 581 | 40 | 581 40 Recording each patent assignment per property (times number of properties) | |
| 146 | 740 | 246 370 Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 740 | 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 | 740 | 279 370 Request for Continued Examination (RCE) | |
| 169 | 900 | 169 900 Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) _____

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|-----------------------------------|--------|-----------|--------------------------|
| Name (Print/Type) | Scott B. Dunbar | Registration No. (Attorney/Agent) | 37,124 | Telephone | (661) 775-3995 ext. 3129 |
| Signature |  | | | Date | 10/12/07 |

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Greenberg, et al.

Docket No.

S100-DIV1

Serial No.

Filing Date

Examiner

Group Art Unit

Invention: RETINAL COLOR PROSTHESIS FOR COLOR SIGHT RESTORATION

I hereby certify that the following correspondence:

Divisional Patent Application

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under
37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on
October 12, 2001
(Date)

Emily M. Stuart

(Typed or Printed Name of Person Mailing Correspondence)



(Signature of Person Mailing Correspondence)

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